



Xerox Docket No. D/A2016

**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Prateek SARKAR et al.

Group Art Unit: 2621

Application No.: 10/064,435

Examiner: J. SCHAFFER

Filed: July 12, 2002

Docket No.: 111747

For: SYSTEMS AND METHODS FOR TRIAGE OF PASSAGES OF TEXT OUTPUT  
FROM AN OCR SYSTEM

**AMENDMENT FILED WITH RCE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In reply to the April 4, 2006 Office Action, and in view of the attached Request for  
Continued Examination, please consider the following:

**Amendments to the Claims** as reflected in the listing of claims; and

**Remarks.**

07/06/2006 SZEWDIE1 00000107 240037 10064435

02 FC:1201 200.00 DA  
03 FC:1202 150.00 DA



Xerox Docket No. D/A2016

**PATENT APPLICATION**

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**OLIFF & BERRIDGE, PLC**  
**Telephone: (703) 836-6400**  
**Facsimile: (703) 836-2787**

ATTORNEY DOCKET NO.: 111747

DATE: July 5, 2006

**CUSTOMER NUMBER 27074**

**AMENDMENT TRANSMITTAL**

In re the Application of:

Prateek SARKAR et al.

Application No.: 10/064,435

Group Art Unit: 2621

Filed: July 12, 2002

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For: SYSTEMS AND METHODS FOR TRIAGE OF PASSAGES OF TEXT OUTPUT FROM AN OCR SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE
TOTAL CLAIMS	*34 MINUS	**31	=3	x 50	\$ 150.00
INDEP CLAIMS	*5 MINUS	***4	=1	x 200	\$ 200.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 360	\$
					\$ 350.00

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

☒ Please charge my Deposit Account No. 24-0037 in the amount of \$350.00. Two duplicate copies of this sheet are attached.

☒ The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account. 24-0037. Two duplicate copies of this sheet are attached.

DEPOSIT ACCOUNT USE  
AUTHORIZATION  
Please grant any extension  
necessary for entry;  
Charge any fee due to our  
Deposit Account No. 24-0037

Respectfully submitted,

James A. Oliff  
Registration No. 27,075

Daniel A. Tanner, III  
Registration No. 54,734

JAO:DAT/jam